SENT BY:ATLANTA ; 6-26-98 ;11:45AM ; C T CORPORATION→14078565867 ;# 2

FILE NOW: FILING FEE AFTER MAY 1 IS

CORPORATION ANNUAL REPORT 19

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004333

1. Corporation Name
VALUJET AIRLINES, INC
9955 AIRTRAN BLVD.
Orlando, Florida 32827

Principal Place of Business: same

Mailing Address:

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 9-24-93
3a. Date of Last Report: 4-23-97
4. FEI Number: 88-0290707 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, Fl 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 00000257825 0--9 -07/01/98--01097--025
84 City ****350.00 FL Zip Code ****350.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Connie Bryan Connie Bryan Special Asst. Secretary DATE: 6-29-98

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TS 6/26 98 MM

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1 1 TITLE	President and CEO	☐	☐
1 2 NAME	D. Joseph Corr		
1 3 STREET ADDRESS	9955 AirTran Blvd		
1 4 CITY-ST-ZIP	Orlando, Florida 32827		
2 1 TITLE	Sr Vice President	☐	☐
2 2 NAME	Thomas Kell 00002578250--9		
2 3 STREET ADDRESS	9955 AirTran Blvd -07/01/98--01097--026		
2 4 CITY-ST-ZIP	Orlando, Florida ******8.75 ******8.75		
3 1 TITLE	SR Vice President and CFO	☐	☐
3 2 NAME	Richard A. Schroeter		
3 3 STREET ADDRESS	9955 AirTran Blvd.		
3 4 CITY-ST-ZIP	Orlando, Florida 32827		
4 1 TITLE	SR Vice President	☐	☐
4 2 NAME	M. Ponder Harrison		
4 3 STREET ADDRESS	9955 AirTran Blvd		
4 4 CITY-ST-ZIP	Orlando, Florida 32827		
5 1 TITLE	SR. Vice President	☐	☐
5 2 NAME	Jeffrey L. MacKinney		
5 3 STREET ADDRESS	9955 AirTran Blvd		
5 4 CITY-ST-ZIP	Orlando, Florida 32827		
6 1 TITLE	SR Vice President and Secretary	☐	☐
6 2 NAME	Leslie C. Head		
6 3 STREET ADDRESS	9955 Airtran Blvd		
6 4 CITY-ST-ZIP	Orlando, Florida 32827		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie C. Head Date: 6/26/98 Daytime Phone #: 407-251-558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie C. Head